

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>291500</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - 3391 N BUFFALO</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/17/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>NATHAN ADELSON HOSPICE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>4141 S SWENSON LAS VEGAS, NV 89119</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of a Medicare Life Safety Code (LSC) survey conducted at your facility on 3391 N. Buffalo on 5/17/11.  Your facility was surveyed using Chapter 19, EXISTING Health Care Occupancies, of the 2000 Edition of the National Fire Protection Association's (NFPA) 101, Life Safety Code.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			K 000			
K 039	<p>The following deficiencies were identified:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</p> <p>This STANDARD is not met as evidenced by: 2000 edition of The National Fire Protection Association (NFPA) Life Safety Code (LSC)</p> <p>4.6.12 Maintenance and Testing</p> <p>4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this code, such device, equipment, system, conditions,</p>			K 039			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 039	<p>Continued From page 1</p> <p>arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to maintain corridors clear and unobstructed.</p> <p>Findings include:</p> <p>The facility was constructed with eight foot corridors. The following corridors were obstructed:</p> <p>1) The main north/south corridor from the lobby entry toward the north exit door there were two vending machines reducing the corridor width from eight feet to four feet.</p> <p>2) In the "B" wing east/west corridor on the southside of the corridor there were three beds parked reducing the corridor width from eight feet to five feet, outside room #B-7, outside room #B-6 and outside room #B-5. There was also three laundry cabinets parked on the southside of the corridor reducing the corridor width from eight feet to six feet, outside room #B-7, outside room #B-6 and outside room #B-5.</p> <p>3) In the "A" wing east/west corridor on the southside of the corridor there was a bed parked reducing the corridor width from eight feet to five feet outside room #A-1. There was also two laundry cabinets parked on the southside of the corridor reducing the corridor width from eight feet to six feet, outside room #A-2 and room #A-3. There was also a reclining chair parked outside of room #A-4 reducing the corridor width from eight feet to six feet.</p>			K 039			

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K 050	<p>Interview with the Maintenance Director and the Administrator revealed that they were aware of these storage problems and were trying to address the problem with the addition of storage containers in the parking lot.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to conduct fire drills as required.</p> <p>Findings include:</p> <p>The facility had not conducted a fire drill for the night shift for 1st quarter of 2011.</p>			K 050			
K 144	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>			K 144			

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K 144	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to test the generator under load for 12 of the last 12 months.</p> <p>Findings include:</p> <p>The facility records did not indicate that the generator was under load when monthly testing was performed. Interview with the Maintenance Director revealed that the facility was not testing the generator under load monthly.</p>			K 144			